

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **VOTEVETS.ORG ACTION FUND**(b) Address (number and street) ☐ check if different than previously reported
303 Park Ave. S.
1293(c) City, State and ZIP Code
New York NY 10010**2. FEC Identification Number****C** C30001275

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2012

through

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2012(b) Communication Title Salute**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Peter Mellman

(b) Address (number and street)
303 PARK AVE S #1293

(c) City, State and ZIP Code

NEW YORK

NY 10010

(d) Name of Employer or Principal Place of Business

VoteVets.org Action Fund

(e) Occupation

CFO

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

214604.12

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Peter Mellman

SIGNATURE

Peter Mellman

[Electronically Filed]

DATE

10/31/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Buying Time, LLC <hr/> Mailing Address of Payee 650 Massachusetts Ave NW <hr/> City: Washington State: DC Zip Code: 20001 <hr/> Name of Employer: Occupation:				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 30 / 2012 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 200000.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 30 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Broadcast TV buy (Salute)				Transaction ID : F93.000001	
Name of Federal Candidate Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000002 Name of Federal Candidate: Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate: Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee Envision Communications Inc. <hr/> Mailing Address of Payee 2715 M Street NW <hr/> City: Washington State: DC Zip Code: 20007 <hr/> Name of Employer: Occupation:				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 30 / 2012 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14604.12 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 30 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Production (Salute)				Transaction ID : F93.000002	
Name of Federal Candidate Sherrod Brown		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000004 Name of Federal Candidate: Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate: Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 214604.12 </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 214604.12 </div>